

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

St George's Nursing Home

100 Old Station Road, Bromsgrove, B60 2AS

Tel: 01527831375

Date of Inspection: 05 September 2014

Date of Publication: October 2014

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Safety and suitability of premises



Met this standard

Details about this location

Registered Provider	Southern Counties Care Limited
Overview of the service	St George's Nursing Home is registered to provide accommodation for older people who need nursing or personal care.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
<hr/>	
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
<hr/>	
Our judgements for each standard inspected:	
Safety and suitability of premises	6
<hr/>	
About CQC Inspections	9
<hr/>	
How we define our judgements	10
<hr/>	
Glossary of terms we use in this report	12
<hr/>	
Contact us	14

Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether St George's Nursing Home had taken action to meet the following essential standards:

- Safety and suitability of premises

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 5 September 2014, observed how people were being cared for and reviewed information given to us by the provider. We reviewed information sent to us by commissioners of services, reviewed information sent to us by other regulators or the Department of Health, talked with commissioners of services and talked with other regulators or the Department of Health.

What people told us and what we found

This was an announced inspection. This was because we needed to make arrangements so that the provider was available and we could gain access to the home. Following our previous inspection on 1 November 2013 we imposed a condition upon the provider's registration to restrict admissions to the home due to the concerns about the safety and suitability of the premises. This meant that there were no people living at the home at the time of this inspection.

The fire officer, contracts officer and health and safety officer from the local authority were present at the time of this inspection.

We talked with the provider, the home manager and the quality assurance and safety support manager about the improvements that had been made to the premises and facilities. We also looked at some quality checks and service histories that had been completed for the premises and equipment.

We considered all of the evidence that we had gathered under the outcome that we inspected around the suitability and the safety of the premises to answer one of the five questions we always ask;

Is the service safe?

We saw that the provider had carried out significant refurbishment and redecoration work at the home so that the premises and facilities were suitable and safe for people who come to live at the home. To ensure future repairs and improvements are completed we saw the introduction of monitoring and quality checks. We saw that the provider had introduced a responsive and planned approach to make sure that the premises and facilities were consistently developed, reviewed and improved as required to meet the

needs and safety of people who come to live at the home.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

During this inspection we saw many examples that provided evidence that the provider had carried out significant refurbishment and redecoration of the premises and facilities at the home following our last inspection. This included redecoration of people's rooms and the hole that was in the wall of one room was no longer there as the extractor fan had been repositioned. This meant that there was no risk of dust collecting due to the extractor fan hole going into a room and the rooms looked better maintained.

It was positive that the provider had taken action to install a new nurse call bell system as the former system did not always work as it should. When we tried the nurse call bell system the manager and staff responded. This showed that the nurse call bell system was working at the time of our inspection so that staff would be alerted to people's summons for assistance.

Whilst looking around the premises we saw that the provider had reduced the environmental risks to people as they had ensured work had been completed to make the facilities as safe as possible. For example, the electrical plug socket situated directly next to the shower in a ground floor bathroom had now been appropriately covered so that people and staff would be able to use facilities that were suitable and safe.

We saw that health and safety checks had been introduced so that the provider had their own assurances that the premises and facilities were suitable and safe for people and staff. This included water temperature checks so that the provider would be certain that the water was at the right temperature to provide care and reduced the risks of scalding. This was important as at our last inspection we found that the hot water supply in a number of rooms on the first floor was barely luke warm. This meant staff had to carry hot water from one room to another so that they could provide care to people on the first floor which meant that the facilities provided were unsuitable and posed a risk to people and staff.

We looked at the certificate that showed that action had been taken to treat and test the water so that people were not placed at risk from legionella. This meant that the provider had taken action following the previous risks of legionella at the home found by the Health and Safety Executive. The provider realised that the health and safety checks on the water systems at the home must be regularly maintained as this was not always the case when we had previously carried out inspections at the home and placed people's health and wellbeing at risk. We will continue to monitor the provider's health and safety checks with commissioners and other regulators and when we carry out our inspections at this home.

There was evidence that the provider had now introduced improved arrangements so that maintenance checks were completed. This included the recruitment of a new maintenance person who had received an induction in line with their role and responsibilities. This meant that they had the knowledge required to carry out the environmental checks to help to keep the premises well maintained. We also saw that documentation was now accessible to show maintenance checks were completed by service contractors. This meant that the arrangements in place enabled the provider with early indicators of where they needed to take action to maintain the quality and safety of the premises.

There were maintenance and servicing certificates in place to show that the provider had assurances that the heating, gas and fire safety systems worked effectively. Where actions were required to ensure systems were well maintained had been taken. For example, when the fire alarms went the fire doors closed appropriately. During our inspection the fire alarm was tested but some of the doors did not close at first. This was discussed with the provider and they contacted the service contractors who had tested the fire systems at the home to ensure the fire safety systems operated appropriately. Following our inspection the provider sent information to the fire officer, who was present at the time of the inspection, to confirm that the service contractors had returned to the home. They found that a loose wire had caused some of the doors not to close when the fire alarms went off and this had now been fixed. This showed that the provider had taken action so that health and safety systems were improved and environmental risks were reduced for people, staff and others.

We saw that significant work had been carried out in the garden area of the home. This included removal of the pergola structure that was unsafe. There was now a large new patio area had been constructed so that people were able to sit in the garden and have a flat area to walk around to enjoy the outdoors. At the time of our tidying up work in the garden was continuing to ensure the plants and grass area were well maintained so that the risks to it becoming overgrown again were reduced.

Following our inspection we found that the provider and manager had responded to the other improvements that we spoke about during our inspection. For example, they told us that they were purchasing nine new window restrictors and sixteen towel rails. They also told us that the leak outside the activity room had been repaired with moss cleared so that it would not be a slip hazard for people and the gas cooker would be serviced. This shows that the provider and manager wanted to make the improvements required by taking the required action so that the premises and facilities were suitable and safe for people.

Although the provider had made significant improvements to the premises and facilities they provided assurances to us that quality checks would continue to highlight repairs and any areas for improvement. For example, they would replace chairs to ensure they met people's physical needs and were comfortable for people to sit in. The provider and manager also told us that other furniture would be replaced where required with the

recognition that some people may want to consider bringing in their own items of furniture when they come to live at the home.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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